

Family Planning Presumptive Eligibility Training

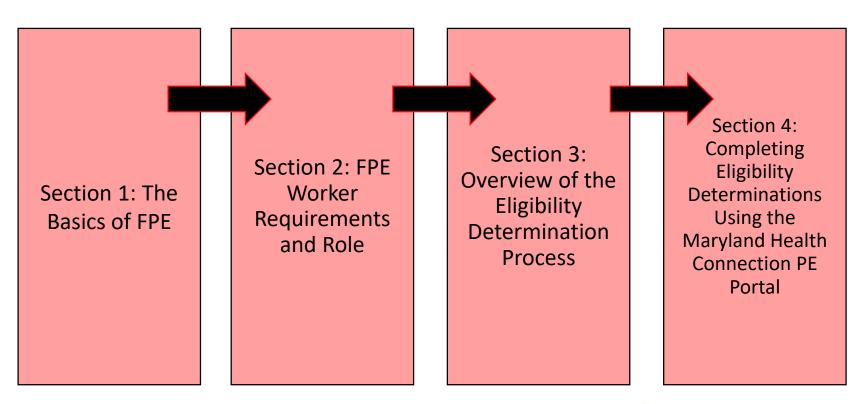
October 2020

Purpose

This training is designed to give you the tools you need to successfully become an FPE Worker. It will cover the basics of the Family Planning Presumptive Eligibility program, will teach you how to determine FPE eligibility, and how to use the Maryland Health Connection portal.



Overview of the Training





Section 1

The Basics of FPE



What is Family Planning Presumptive **Eligibility?**

- Family Planning Presumptive Eligibility (FPE) is a temporary short term fee-for-service Medicaid coverage that provides eligible participants with timely access to family planning services through an onsite eligibility determination that you will conduct.
- Individuals may apply for benefits at participating clinics, called FPE Qualified Entities (FPEQEs)
- FPE is designed to provide a pathway to longer-term Family
 Planning Program coverage by allowing participants to have timely access to family planning health care services through an on-site, temporary eligibility determination.



What services are included?

- Only services in the Family Planning Program are covered under FPE, including:
 - Advice about birth control methods;
 - Physical exams, including pelvic and breast exams;
 - Screenings and treatment, such as pap smears and for sexually transmitted infections, when done as part of the family planning visit;
 - Birth control pills and devices, such as IUDs;
 - Emergency contraception; and
 - Permanent sterilization (must be aged 21 or over).
- The Family Planning Program and FPE do not cover prenatal services, abortion, or infertility services.

What are the eligibility requirements for FPE?

Financial eligibility for family planning services under Medicaid is limited to men and women at or below 264% of the Federal Poverty Limit (FPL).

Individuals must be a Maryland resident.

Participants must meet citizenship and identity requirements.

There are no gender or age restrictions.



Who can perform FPE determinations?

- FPE determinations occur at an FPE Qualified Entity (FPEQE) by trained FPE Workers.
- FPEQEs are Maryland Family Planning Program Delegate Service Sites enrolled in Medicaid that are in good standing.
 - Clinics are not required to participate.
- To become a FPEQE, clinics must complete Maryland's FPE Provider Participation Agreement.
- FPE Workers must review the training materials prior to being allowed to make determinations.
- FPEQE employees must read, understand, and sign a form certifying that they have completed training, under and will abide by the confidentiality and security requirements governing use of Maryland Health Connection (the FPE Worker Agreement).

When does FPE coverage begin?

- If approved, FPE coverage begins with, and includes, the day the FPEQE submits the application through the Maryland Health Connection PE Portal. You will provide participants with an Approval Notice that will serve as proof of their FPE coverage.
- For example, if the FPE Worker submits an application on September 10th and it is approved on September 10th, coverage begins on the 10th.
- FPE is not retroactive and will never be backdated. It begins on the date the application is submitted and approved. Therefore, the FPE Worker should submit the application on the first day the patient receives services if the applicant is a patient.



When can individuals access their benefits?

- Once a participant has their Approval Letter, they can begin using it to receive services with their Approval Letter as proof of coverage.
- However, it is important to note that it will take 1-2 days for their approved Medicaid ID to reach the Management Information System (MMIS), where Medicaid participant information is stored.
 - Providers should wait 1-2 days before billing to ensure the claim can be paid properly.
 - Additionally, participants should wait 1-2 days before getting prescriptions filled to avoid denied claims since their information will not be in MMIS yet.
 - It is important to inform participants of this time frame to ensure there is no confusion with denials at the point-of-sale Pharmacy.



When does FPE coverage end?

- Applicants who are found eligible for FPE qualify for a temporary coverage period, which in most cases could last up to approximately 60 days. FPE coverage ends either:
 - On the day the Department approves the applicant's full MA application; or
 - On the last day of the month following the month in which the FPEQE made the FPE determination, if the individual did not submit a full MA application or was found not found eligible for either the Family Planning Program or comprehensive Medicaid coverage.
- FPE coverage will only end before the end date of the FPE coverage span if the
 participant is found eligible for full MA coverage—either through the Family Planning
 Program or comprehensive Medicaid coverage.



When does FPE coverage end?

- For example, if Mary is approved for FPE on October 29th, she is eligible through
 November 30th. If she submits a full MA application and is approved for the Family
 Planning Program before November 30th, say on November 10th, then her FPE coverage
 ends on October 31st and is replaced by Family Planning Program coverage starting
 November 1st.
- For example, if Robert is approved for FPE on August 2nd, he is eligible through September 30th. If Robert submits a full MA application and is approved for comprehensive Medicaid benefits before September 30th, say on September 10th, then his FPE coverage ends on August 31st and is replaced by comprehensive Medicaid coverage starting September 1st.



How often can someone have FPE coverage?

- An individual may receive one FPE coverage span for every 12-month period. The 12-month period is calculated from the last day of the most recent prior FPE coverage span.
- For example, if John Thompson has FPE coverage from September 27th through October 31, 2020, he is not eligible for FPE in Maryland again until November 1, 2021.



Section 2

FPE Worker Requirements and Role



What is an FPE Worker?

- An FPE Worker is a person, employed by the FPEQE, who can make FPE coverage decisions for FPE applicants. Only FPEQEs may make FPE determinations.
- FPE Workers must be FPEQE employees. Only FPE Workers may enter information into the Maryland Health Connection PE Portal.
- Staff employed by your Maryland Family Planning Program Delegate Service Site may assist in gathering information needed for FPE applications. However, only FPE Workers may submit FPE applications into the Maryland Health Connection PE portal.
- The FPE Worker remains responsible to make FPE determinations and for accurately entering information into the FPE application via the Maryland Health Connection PE portal.



What is the FPE Worker's Role?

The FPE Worker is the FPE Program's gatekeeper and applicant educator.

FPE Workers identify individuals who may be eligible for the Family Planning Program, screen individuals through the Eligibility Verification System (EVS) to ensure that they do not already have coverage, and make immediate, temporary eligibility determinations to provide coverage under FPE.

FPE Workers must also educate the FPE applicant about the FPE program benefits and limitations.

They must explain:

- How often one can be eligible for FPE coverage;
- The full benefits available to approved applicants under FPE
- The importance of the FPE Approval Notice as the only proof of insurance; and
- The importance of completing the full MA application before the FPE coverage period ends if they want to continue to receive coverage.

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How do I become an FPE Worker?

- In order to make FPE eligibility determinations, FPEQE employees must:
 - Review this training along with the FPE Manual;
 - Following completion of training, FPEQE employees must read, understand, and sign a form certifying that they have completed training, under and will abide by the confidentiality and security requirements governing use of Maryland Health Connection (the FPE Worker Agreement);
 - Upon completion, the FPEQE will send to the Department and retain copies of the FPE Worker Agreement for each FPEQE employee conducting FPE determinations.
 Following receipt of the FPE Worker Agreement, the Department's designee will coordinate with Maryland Health Benefits Exchange to have a Maryland Health Connection PE Portal account set up for the FPEQE employee.



How do I become an FPE Worker?

- Maryland Health Connection User IDs are provided by the FPE Maryland Health Connection Administrator.
- FPE Workers must use an email address from their employer when creating their User IDs.
- FPE Workers must use their own individual User IDs and cannot share the same login.



Section 3

Overview of The Eligibility Determination Process



What is the process for completing eligibility determinations?

- 1. Check EVS to make sure the applicant is not already enrolled with Medicaid or the Medicaid Family Planning Program;
- 2. Complete an FPE application on behalf of the applicant using the Maryland Health Connection PE Portal consistent with the Department's policies, regulations, and training materials;
- 3. Provide the applicant with a printed copy of the FPE Denial or Approval Letter generated by the Maryland Health Connection.

Section 3: Overview of The Eligibility Determination Process

What are non-financial the requirements for an individual to be eligible for FPE?

All information is self-attested. The applicant does not need to provide proof of income, residency or citizenship.

Non-Financial Eligibility Criteria

- Citizenship/Immigration status. Applicants must be a U.S. Citizen, U.S. National, or have an
 eligible immigration status in order to qualify for FPE.
- Age. There are no age limits. Minors can apply for and receive Family Planning Presumptive Eligibility without their parents' knowledge or permission. They are the Primary applicant for Family Planning and can be entered as a household of one. If the minor applicant has children of their own, the children can also be counted in the applicant's household.
- Gender. There are no gender restrictions.
- Residency. Individuals must be a Maryland resident.
- Pregnancy. Applicants cannot be pregnant.
- Medicare recipients are not eligible if they have active Medicare.
- A participant may not be permanently sterilized.



What are non-financial the requirements for an individual to be eligible for FPE?

- Citizenship/Immigration status. Applicants must be a U.S. Citizen, U.S. National, or have an eligible immigration status in order to qualify for FPE.
- In most cases, a non-U.S. citizen must be a "qualified" alien and meet the other eligibility criteria (e.g., income) in order to receive Medicaid coverage. Most qualified aliens must be lawfully present for 5 years ("the 5-year bar") before they can be found eligible for Medicaid. Lawfully residing pregnant women and children are not subject to the 5-year bar.
- Visa holders such as tourists, students and visitors on business, and individuals granted employment authorization are not eligible for FPE. Individuals who are not lawfully present in the United States are not eligible for FPE.
- Examples of eligible immigration statuses are on the next slide.



Section 3: Overview of The Eligibility Determination Process

What are non-financial the requirements for an individual to be eligible for FPE?

Examples of eligible immigration statuses include:

- Lawful Permanent Resident (LPR). You are a lawful permanent resident if you have permission to live and work in the United States. Applicants for LPR status may also qualify.
- Alien paroled into the U.S. for at least 1 year.
- Applicants who attest to one of the following statuses qualify as an eligible immigration status and do not have to meet the five year bar:
 - Refugees and others who can't return to their home country. This group includes people who were granted asylum, and those whose deportation or removal was temporarily paused.
 - Humanitarian immigrants, including:
 - Certain Cuban and Haitian nationals.
 - Individuals paroled into the U.S. or granted temporary protected status.
 - Individuals who have applied for special immigrant juvenile status.
 - Survivors of domestic violence, trafficking, and other serious crimes, including:
 - Abused spouses and children who qualify for protection under the Violence Against Women Act (VAWA), as well as parents and/or children of an abused spouse or child.
 - Immigrant survivors of human trafficking.
 - U-Visa holders.



What are the financial requirements for an individual to be eligible for FPE?

Financial Eligibility Criteria for 2020

- Financial eligibility for family planning services under Medicaid is limited to men and women at or below 264% of the Federal Poverty Limit (FPL).
- Income is based on total taxable income for all members of the household, such as job income. The PE Portal should determine whether a person is eligible based on income automatically.
- If any members of the household other than the applicant are pregnant, the number of expected babies should be included in the household size.
- Either monthly or annual income can be used in the PE portal.

Family Size	≤ 264%	
	Monthly	Annual
1	\$2,807	\$33,686
2	\$3,793	\$45,514
3	\$4,778	\$57,341
4	\$5,764	\$69,168
5	\$6,750	\$80,995
6	\$7,735	\$92,822
7	\$8,721	\$104,650
8	\$9,706	\$116,477



What are the eligibility limitations?

- Presumptive eligibility may not be granted to an individual who:
 - Is currently enrolled in the Medical Assistance Program or Medicare;
 - Has been enrolled in FPE in the last 12 months;
 - Does not meet the income requirements;
 - Is not a Maryland resident;
 - Does not meet citizenship requirements.



Section 4

Completing Eligibility Determinations Using the Maryland Health Connection PE Portal



Step 1: Checking EVS

- Before making an FPE determination or gathering additional information from the applicant for FPE purposes and inputting it into the PE portal, you must check EVS. When checking EVS, you should only use the Social Security Number (SSN) of the individual applying for FPE.
 - EVS will save you the time of gathering additional information only to find out later that the FPE applicant is not eligible for FPE due to existing Medicaid or other program coverage. Checking EVS is also one of the performance metrics the Department will monitor.
- If an applicant has current Medicaid coverage, the individual is not eligible for FPE. If they have had a prior FPE period during the last 12 months, they are not eligible for FPE.
- The next slide tells you how to check EVS by phone.



Step 1: Checking EVS

To Use Phone EVS (if you do not have other EVS access):

- Call the EVS access telephone number: 1-866-710-1447
- Enter your 10-digit NPI number or 9-digit MA provider number and press pound (#). For example: 0 1 2 3 4 5 6 7 8 #
- Check participant eligibility
 - For Eligibility with Social Security Number: Press zero, pound, pound (0##) at the number prompt. If the FPE Worker has a provider ID, EVS can be checked without a Social Security Number.
 - EVS will then prompt with the following: "Enter Social Security Number and Name Code." Enter the participant's 9-digit Social Security Number and 2-digit name code followed by pound (#).
 - The 2-digit name code is the digits that the first two letters of the individuals name correspond to on the phone. For example: last name Stern would be 78#.



Step 1: Checking EVS

To Use Web EVS for providers enrolled in eMedicaid:

• Web EVS is available at http://www.emdhealthchoice.org. Providers must be enrolled in eMedicaid in order to access Web EVS. To enroll, go to the URL above and select "Services for Medical Care Providers" and follow the login instructions. If additional information is needed, please visit the web site. For provider application support, call 410-767-5340.



Step 2: Inputting Eligible Individual Information into the PE Portal

- A Worker portal for Family Planning Presumptive Eligibility (FPE) applications has been implemented in Maryland Health Connection.
- The PE portal enables Family Planning Presumptive Eligibility Qualified Entities (FPEQEs) to enroll eligible individuals into temporary coverage for family planning services for up to 60 days based on preliminary, attested information; thereby, providing immediate access to birth control, screenings and exams.
- FPE Workers can access the PE Portal through the internet without a VPN (Virtual Private Network) by going to https://mhcpe.marylandhealthconnection.gov.
- After you have completed the trainings and signed the agreement, MDH will work with you to get an account set up.

The PE Portal



Log In





How do I log in to the PE portal?

When users click the link to access the portal, the new PE portal Home Page will be opened in a new browser window.

When an FPE Worker logs in for the first time, the email address registered at the time of the account creation will be displayed to verify the email address. This is mandatory in order to send the email for Multi-Factor Authentication (MFA) to the FPE Worker's account.

When the FPE Worker clicks on the 'Send Verification Code' button, the system will display the confirmation of the verification code transmission to the registered email address.

The FPE Worker will have the option to request to resend the verification code by clicking on the 'Resend' button. The Worker may enter the verification code received in their email address and click 'Verify' button.

After the successful verification of the FPE Worker email address, the system will display the successful completion of the verification in the FPE Worker Account Dashboard.



How do I log in to the PE portal?

It is important to note when logging in for the first time:

- If the Worker-entered verification code is incorrect, the system will display the error message.
- If the email address tagged to the FPE Worker account is incorrect, the FPE Worker has to contact the email address mdh.fpe@maryland.gov to change the email.
- If the Worker enters the incorrect verification code incorrectly three times, they have to wait for five minutes before requesting a new verification code.
- The email address verification is performed only once when the User logs into their account for the first time. The verified email address will be used as the authorized email address for sending the single use security code for Multiple Factor Authentication (MFA).



What can I do in the Worker Account Dashboard?

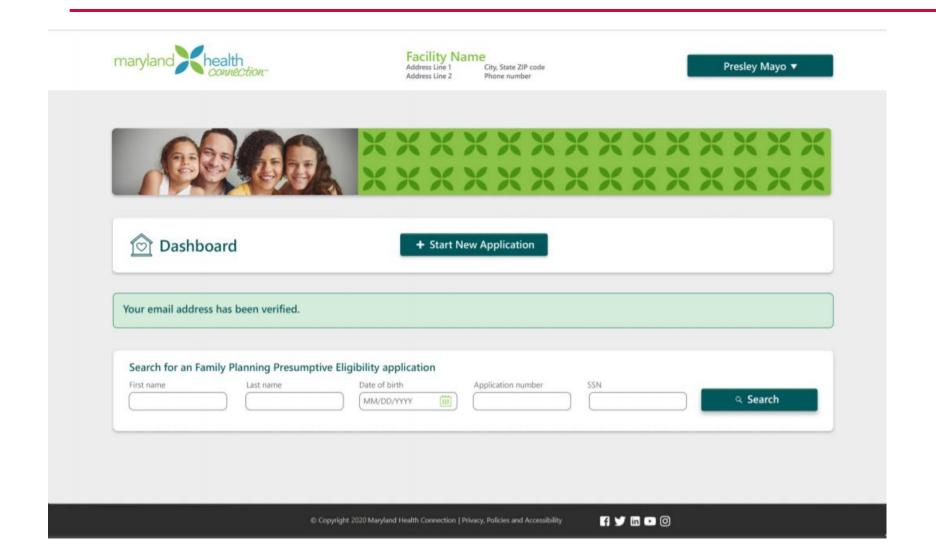
Once you've logged into the first time and successfully done your security code verification, the Worker Account Dashboard will be displayed.

From there, you can:

- 1. Start a New Application
- Click on "Start New Application" to create a new application. After starting a new application, the system will display the 'Individuals Details' section.
- 2. Change your password
- Click on the 'Change Password' option in the dropdown on the top right end of the screen. The new password should adhere to the standard MHBE Password policy of 9 to 15 characters with at least one number, one uppercase letter, one lowercase letter, and one special character.
- 3. Search for an existing application
- Enter the consumers first name, last name, Date of Birth, Application Number or SSN. When the
 Worker searches for an application using one of the available search criteria the Application results will
 be displayed as below. Multiple results will be displayed if they match the search criteria as shown
 below.
- 4. View or print an application



PE Portal Dashboard



How do I submit an application?

- Once the EVS check has been completed and you have ensured that the applicant does not have current Medicaid coverage, you can begin a new application and begin inputting information about the applicant.
- When the FPE Worker starts a new application, the system will display the 'Individuals Details' screen. The User may navigate to any specific section by using the navigation bar on the top of the application.

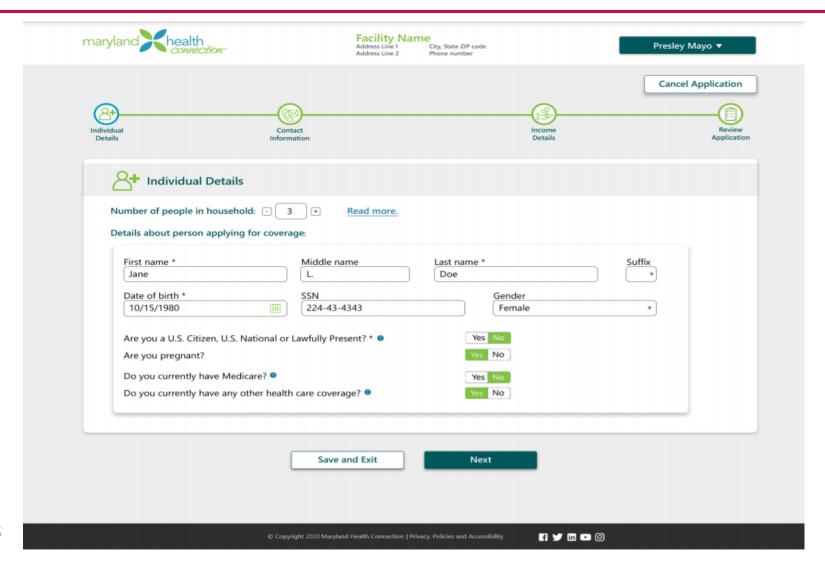


How do I submit an application?

- All information is self-attested. The applicant does not need to provide proof of income, residency or citizenship.
- Before beginning the process of inputting information into the application, it is important to inform the applicant that the information is self-attested but should still be accurate and complete. We recommend the following script:
- "To complete the FPE application, you will be providing information about income, residency, and citizenship, among other things. This information is self-attested, by you, the applicant. The applicant does not need to provide proof of income, residency or citizenship. All information provided by you on this application must be accurate and complete."



FPE Application Part 1- Individual Details



Inserting Information in the Individual Details Screen

- On the Individual Details screen, the Worker must select the person's household size, enter certain details about the person applying for coverage, and answer a series of questions until all sections are completed.
- If the User wants to cancel the application anytime during the filing process, the 'Cancel Application' button may be clicked.



Inserting Information in the Individual Details Screen

- Number of people in the Household
 - The number of people in the household includes the person applying, their spouse (if married), any dependent children or relatives and the expected number of babies if anyone in the household is pregnant. Generally, the household size is the number of people the applicant puts on his/her tax form, if they file taxes.
 - For more information, see
 https://www.marylandhealthconnection.gov/glossary/household-2
- Details about the person applying for coverage
 - The Worker must enter the information on the following slide about the consumer applying for coverage.



Information Submitted in Individual Details Section

In the Individual Details screen, the following information is collected:

Data Field Name	Data Type and Length	Field Validations	Mandatory or Optional
First Name	Alphanumeric	None	Mandatory
	25 Chars		
Middle Name	Alphanumeric	None	Optional
	1 Char		
Last Name	Alphanumeric	None	Mandatory
	25 Chars		
Suffix	Dropdown	Sr.	Optional
		Jr.	
		III	
		IV	
Date of Birth	Date picker	MM/DD/YYY	Mandatory
SSN	Numeric 9 Chars	SSN validations like (cannot be sequential numbers, cannot be same values etc.,)	Optional
Gender	Dropdown	Male, Female	Optional



Information Submitted in Individual Details Section

The User must capture the response to the status of the consumer for the following questions.

• Are you a U.S. Citizen, U.S. National or Lawfully Present? (Mandatory) – Yes/No

Tooltip: To be lawfully present, you must be lawfully present in the U.S. for five years ("the five-year bar"). Individuals who are not legally in the United States and applicants who have not met the five-year bar are not eligible for the Family Planning Program. This question will be presented in two parts beginning December 18, 2020. See additional information on slides 22 and 23.

Are you pregnant? (Optional) Yes/No

This question is conditionally displayed when 'Female' is selected in the 'Gender' dropdown.

Do you currently have Medicare? (Optional) – Yes/No

Tooltip: Select 'Yes' for this question if your Medicare coverage has started prior to today (application filing day) and the coverage is still active (coverage end date is later than today).

• Do you currently have any other health coverage? (Optional) – Yes/No

Tooltip: This is not a mandatory question and will be removed from the system effective December 18, 2020. 'No' may be selected for all applicants.

• SNN (Optional) Tooltip: While not a mandatory field, providing the SSN will reduce the possibility of a false match to someone with a similar name in MMIS who is already actively enrolled in Medicaid resulting in an FPE denial.

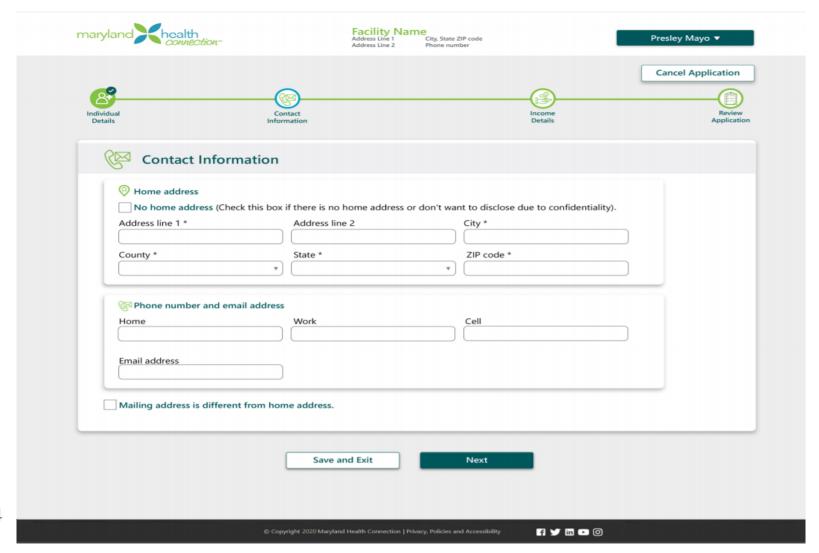


Information Submitted in Individual Details Section

When the Worker completes the Individual Details section, they can proceed to the 'Contact Information' screen by clicking the 'Next' button. Alternatively, the Worker can save the information entered on that screen and exit the application by clicking the 'Save and Exit' button.



FPE Application Part 2- Contact Information Screen



Inputting Information in the Contact Information Screen

- The Contact Information screen captures the applicant's home and mailing address, phone number(s) and email address.
- In the Home Address section, the information on the following slide is collected.



Inputting Information in the Contact Information Screen- Home Address

In the Contact Information screen, the following information is collected:

Data Field Name	Data Type and Length	Field Validations	Mandatory or Optional
Address Line 1	Alpha numeric	Address validation	Mandatory
	25 Chars		
Address Line 2	Alphanumeric	Address validation	Optional
	25 Chars		
City	Alphabetic	Address validation	Mandatory
State	Dropdown	None	Mandatory
County	Dropdown	None	Mandatory
Zip code	Numeric	Valid zip code for the county selected	Mandatory
Home Phone	Numeric	Number validation	Optional
Work Phone	Numeric	Number validation	Optional
Cell Phone	Numeric	Number validation	Optional
Email Address	Alpha Numeric	Email address format validation	Optional



No Home Address Option

- In the 'Home Address' screen, 'No Home Address' checkbox may be selected
 for the consumers that are homeless or when the consumer has attested that
 they are a Maryland resident but they do not want to disclose their address for
 confidentiality reasons.
- When the 'No Home Address' checkbox is selected by the User, the system will grey out the Address Line 1 and Address Line 2 fields. The User must provide City, State, Zip Code and County information where the consumer resides.
- The checkbox 'Mailing Address is different from home address' is automatically selected and cannot be unchecked when the 'No Home Address' checkbox is selected.
- The mailing address will be automatically filled with the User's FPEQE clinic address by default.



Inputting Information in the Contact Information Screen-Mailing Address

- The User may capture the mailing address separately if the home address and mailing address are different and the same address validation popup will appear.
- In the Mailing Address screen, the information collected is on the following slide.



Inputting Information in the Contact Information Screen-Mailing Address

In the Mailing address screen, the following information is collected:

Data Field Name	Data Type and Length	Field Validations	Mandatory or Optional
Address Line 1	Alpha numeric 25 Chars	Address validation	Mandatory
Address Line 2	Alphanumeric 25 Chars	Address validation	Optional
City	Alphabetic	Address validation	Mandatory
State	Dropdown	None	Mandatory
County	Dropdown	None	Mandatory
Zip code	Numeric	Valid zip code for the county selected	Mandatory



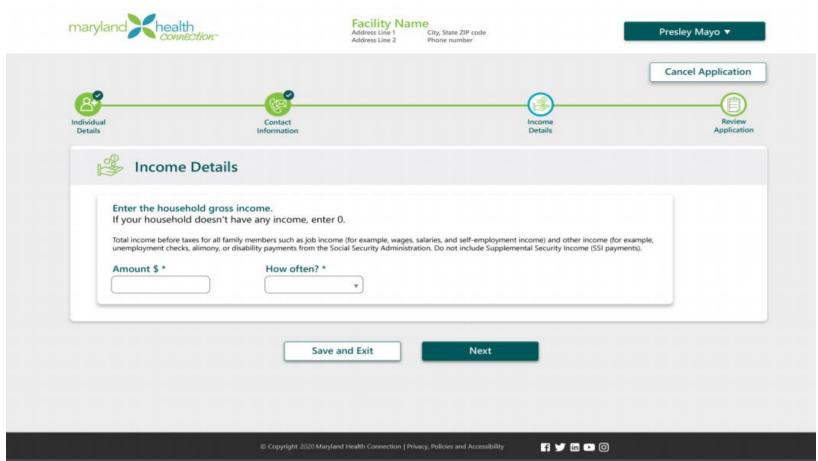
Inserting Information into the Income Details Section

On this screen, the Worker must enter the total taxable household income and the frequency of the income. For individuals with no taxable household income, the Worker must enter zero in the amount field and select 'Yearly' dropdown value.

Data Field Name	Data Type and Length	Field Validations	Mandatory or Optional
Amount \$	Numeric	Number validation	Mandatory
How Often	Drop down	None	Mandatory



Income Details Screen

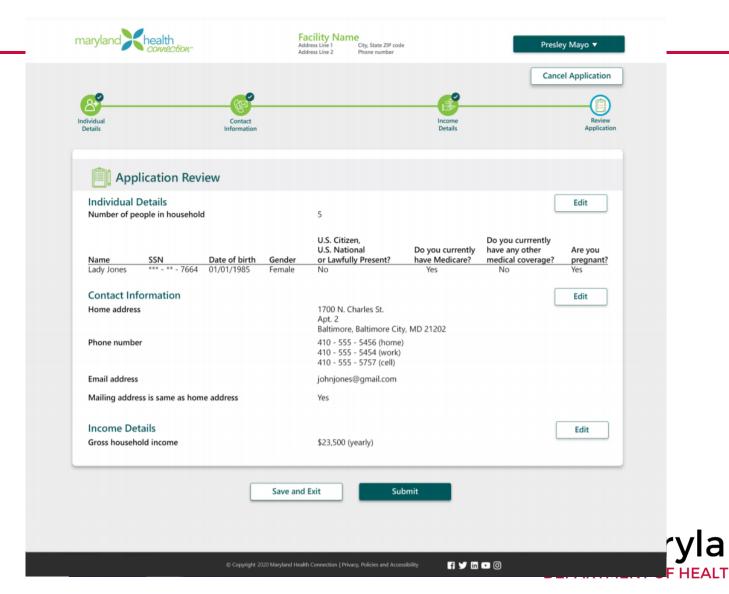


How do I review the application before submitting?

- The Application Review screen will display on a single screen all of the information entered by the Worker into the application for the User to review with the applicant.
- If any information in the application has to be changed, the work can click the 'Edit' button next to the corresponding section to edit the information in that section.
- At this time, it is important to remind the applicant that this information is self-attested and must be accurate. We recommend the following script: "This information is self- attested, by you, the applicant. The applicant does not need to provide proof of income, residency or citizenship. Before I submit this information, please confirm that the information you provided for this application is accurate and complete."
- After reviewing the application information and confirming the information is correct, the User can click the 'Submit' button to submit the application for the Family Planning Presumptive Eligibility determination.

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FPE Application Review



How do I receive the eligibility results?

 The Eligibility Results screen displays the applicant's name, their FPE eligibility determination in the "Status" column, status details, start and end dates (if applicable) and the Approval or Denial Letter.

Status

- If the applicant is eligible for Family Planning PE coverage, the system will display the result in the Status column as 'Eligible for Enrolled'.
- If the consumer is not eligible for the Family Planning PE coverage, the status column will display 'Ineligible'.

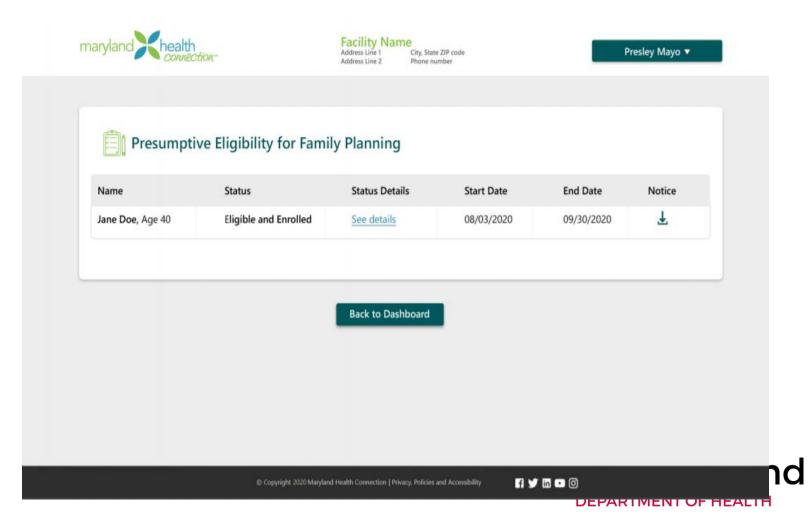


What do I provide to the "APPROVED" FPE applicant?

- If the applicant is found eligible for FPE coverage, the FPEQE Worker shall provide the applicant with a printed copy of the FPE Approval Letter generated by the Maryland Health Connection.
- Following the issuance of the Approval Letter, you must provide the following additional information to the FPE enrollee:
 - An explanation that the individual must complete and submit the full MA application before his/her temporary coverage end date in order to prevent a coverage gap should the individual be eligible for the Family Planning Program or comprehensive Medicaid; and
 - Assistance with completing the full MA application. This includes giving the participant
 access to either a phone or a computer to be able to apply. Information on how to apply
 for MA is located on the Approval Letter.
 - Remind them that participants should wait 1-2 days before getting prescriptions filled to avoid denied claims since their information will not be in MMIS yet. After the 1-2 day period, Medicaid will have their information and they will be able to get their prescriptions filled. It is important to inform applicants of this time frame to ensure there is no confusion with denials at the point-of-sale pharmacy.



FPE Application Approved



What do I provide to the "DENIED" FPE applicant?

- If the applicant is found ineligible for FPE coverage, Maryland Health Connection generates a Denial Letter. The Denial Letter informs the applicant of the decision and reason for denial. It also encourages the applicant to submit a full MA application and gives resources to do so.
- Though a particular FPE application may seem eligible at the initial intake stage,
 Maryland Health Connection will ultimately confirm eligibility. Maryland Health
 Connection double checks to ensure the applicant does not have Medicaid,
 Medicare, or past FPE coverage within last 12 months. The denial reasons printed
 on the denial notice are on the next slide.
- It is your responsibility to explain what each denial reason means. Despite an FPE denial, the applicant may still qualify for full MA coverage. You should provide information to the applicant on how to complete the full MA application.
- Information on how to apply for full MA is on the Denial Letter.



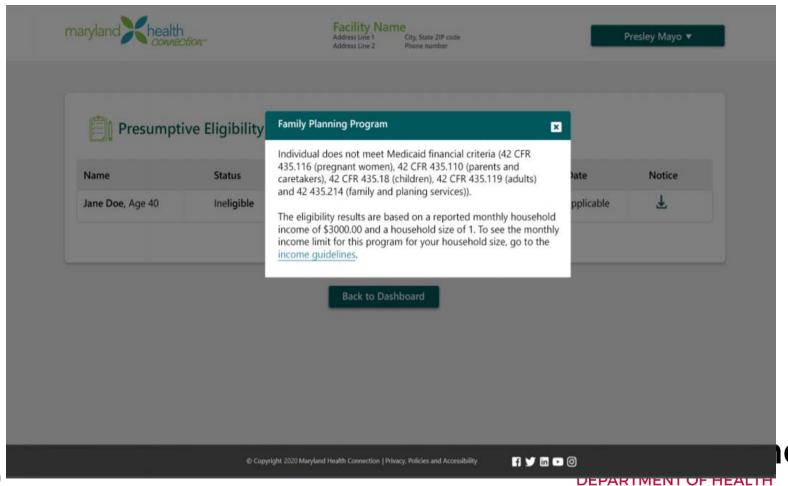
Reasons for Denial From FPE

- Individual does not meet Medicaid income standard (42 CFR 435.214, COMAR 10.09.37.03).
- Citizenship: Individual has not attested to citizenship or an eligible immigrant status (42 CFR 435.406, COMAR 10.09.24.05).
- Residency: Primary applicant is not a resident of the State of Maryland (42 CFR 435.403, COMAR 10.09.37.03).
- Non-MAGI Medicaid: Our records indicate this individual is enrolled in another Maryland Medical Assistance Program and is not eligible for Medicaid through Maryland Health Connection (COMAR 10.09.24.02-1B(6)).
- Medicare: Individual is currently enrolled in Medicare. Medicare enrollees are not eligible for FP services. COMAR 10.09.37.03. Medicare enrollees may still qualify for Medicaid for Aged, Blind or Disabled (ABD). To apply for this non-MAGI program, contact your local Department of Social Services (42 CFR 435.911(c)(1) or 45 CFR 155.305).
- Actively Enrolled in MA/CHIP/FP: Individual is not eligible for Medicaid as this applicant has an active enrollment in Medicaid or MCHP on another application in Maryland Health Connection. Individual can access family planning services using the healthcare in which he or she is actively enrolled.
- Pregnancy: Individual is not eligible for the Family Planning Program due to pregnancy. COMAR 10.09.37.03.

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 Reapplying within 12-month period: Only one FPE coverage span is allowed in any twelve-month period. (COMAR 10.09.37.03-1).

FPE Application Denied



Is the Maryland Health Connection determination final?

- Yes, determinations are final. FPE applicants found ineligible for FPE coverage do not have the right to appeal the decision.
- Once Maryland Health Connection generates an Approval Letter, the FPE enrollee will have FPE coverage until the end of the FPE coverage period. Again, FPE coverage will only end before the end date of the FPE coverage span if the participant is found eligible for full MA coverage.
- Even if an FPE enrollee is ineligible for full MA coverage, the individual will retain their FPE coverage through the end of the month following the FPE determination.
- After the determination is made, you can sign out of the PE Portal by simply clicking the "Sign Out" link in the upper right corner of your screen.



What if I make a mistake while entering information in the PE portal?

- The Department monitors the Maryland Health Connection PE portal very closely and may take corrective action in the event of FPEQE input error.
- Corrective action may range from retraining individual FPE Workers to, in cases of repeated errors, FPEQE suspension from the FPE program.
- If you recognize an input error, immediately submit the error to mdh.FPE@maryland.gov.
- As with all email protocol, if you are sending any personal health information via email to the Department, please encrypt the information. DO NOT resubmit any applications on the FPE Maryland Health Connection portal unless specifically directed to do so by the Department.



How do I assist the applicant with the full MA application?

- It is your responsibility to share with FPE enrollees information on how to apply for the Family Planning Program and/or comprehensive Medicaid coverage. This information is also included in both the Approval and Denial Letters.
- Below are ways to renew or apply for the Family Planning Program and/or comprehensive Medicaid coverage:
 - Apply online at <u>MarylandHealthConnection.gov</u>
 - Visit your <u>Local Health Department</u> or <u>Department of Social Services</u>
 - Call 1-855-642-8572. Deaf and hard of hearing use Relay service
 - Find free, in-person help near you at MarylandHealthConnection.gov/help
 - Download our free mobile app, <u>Enroll MHC</u>



Contact Information and Resources

All questions should go to: mdh.FPE@Maryland.gov

Website:

https://mmcp.health.maryland.gov/Pages/Family-Planning-Presumptive-Eligibility.aspx

